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Klimczuk, Andrzej

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Instrumental Activities of Daily Living

ANDRZEJ KLIMCZUK

Warsaw School of Economics, Poland

The concept of instrumental activities of daily living (IADLs) was introduced by Mortimer P. Lawton and Elaine M. Brody (1969) as a response to limitations in indexes and scales designed to measure basic activities of daily living (ADLs). The concept was developed as a result of increased interest in caring for older and disabled individuals in the community, which differs from care in hospitals, nursing homes, and other long-term care settings. Included in IADLs are actions that are exposed to dysfunctions due to aging or illness, which can begin to cause problems with independence. However, those problems can be solved with the help of others - for example, family members, social workers, and nurses. Activities that fall into the IADL category require concentration, skill, and coordination and include the ability to use the telephone; shopping; food preparation; doing light housework (e.g., light cleaning, making beds, washing dishes); doing heavy housework (e.g., scrubbing floors, washing windows); doing laundry; using transportation (driving one's own car or using public transportation); proper use of medications; and money management.

The Lawton - Brody IADL Scale (1969) is a questionnaire that can be filled in by the individual or by an informant. It includes ADL and IADL behaviors. The respondent rates the individual's ability to carry out these behaviors on a scale from 2 to 0 points, where 2 means that he/she is entirely independent in the action, 1 means he/she requires some assistance to complete the task, and 0 means he/she is entirely dependent on someone else's help to complete the task. Summing the item responses gives a score; the lower it is, the greater the level of dependence and the higher the need for care and assistance. Changes in IADLs are rarely reversible.

Better scores are positively associated with being male, having daily contact with relatives and close friends, home care, higher socioeconomic status, and belonging to a white culture (Levine 2004; Cox 2005; McDowell 2009). Scoring IADLs may vary depending on cultural, ethnic, or gender perceptions. For example, there may be social expectations concerning how actions should be performed, and basing scoring on these cultural perceptions may lead to a biased indication of disability if individuals do not act in accordance with these expectations. In another example, a widowed older woman may be unable to do her home finances after the death of her husband if she never did them in the past. Similarly, elderly men are usually less

experienced in performing housework than are elderly women. Sometimes, the number of IADL items included in an evaluation is reduced to focus on activities that are not influenced by gender roles. For example, home maintenance and shopping are often seen as more associated with women's roles. Moreover, cognitive impairment has an influence on IADL scores. Problems with memory, learning ability, calculation, problem-solving, and attention can affect the ability to complete IADLs. Some activities can be excluded from evaluations due to their stronger association with hospital service delivery than with activities that are important in-home and outdoor environments.

Evaluation of IADLs can provide social workers, occupational therapists, geriatricians, and other experts with the information to help them develop a plan of intervention including medical, social, and psychological services. Interventions may increase a person's level of functioning by changing his/her daily routines and behaviors. Moreover, they can include teaching family members or caretakers how to help older or disabled people to perform daily tasks. Evaluations of IADL give some indications of how to usefully make changes to the person's home and surroundings, as well as how often-used devices may be adapted (Cress 2012). Adaptations may include enhancements such as easily gripped handles that are added to small objects such as eating utensils or personal grooming items. Adaptations can also allow the use of unique tools to perform tasks, such as a long rod with a hook at one end, known as a dressing stick, to pull on pants and socks. Adaptations also include providing adequate lighting or magnifying lenses. Home modifications can particularly benefit from assistive technologies and gerontechnology. For example, it is possible to add grab bars in the shower, toilet area, and hallways; lower kitchen surfaces for easier access for wheelchair-bound individuals; install personal emergency response systems; install computer-mediated caregiver support systems; and eliminate obstacles to mobility such as rugs and slight changes in floor elevation.

Future development and research on ADLs and IADLs should aim to increase the theoretical justification of the content of the various measures, scales, indexes, and instruments. Those tools can still be improved in terms of their validity and reliability, their ability to measure changes in the performance of ADLs over time, and understanding of the relationship between test performance and real-world functioning (Gallo 2006; McDowell 2009). Fillit, Rockwood, and Woodhouse (2010) have reviewed measures and programs in terms of better adapting the principles of geriatric assessment to local resources. Research is still needed into describing and determining the role of the family in the enhancement of the performance of ADLs as well as into selecting the most effective and efficient methods by which to choose the

services that best match the current and future needs of individuals. It is also expected that there will be the further development of multidimensional assessment tools that combine measurement of several areas of functioning in one comprehensive instrument. These measures could include general health, physical and mental functioning, and well-being.

SEE ALSO: Activities of Daily Living; Caregiving Experience; Disabilities and Families; Elder Care in the United States; Health and Families; Theories of Aging

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